

Type of permit you are requesting: SOPCD0000 (designed to discharge)

SOPC00000 (no discharge)

Unknown, please advise

Application type:

New Permit

Permit Reissuance

Permit Modification

If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: _____

Operation Identification

Operation Name: <u>Hickory Corner Dairy</u>		County: <u>Clairborn</u>
Operation Location/ Physical Address: <u>4760 Hwy 63 Speedwell TN</u>		S: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>36°</u> <u>30'26.93"</u> <u>N</u>
		atitue: <input type="checkbox"/> <u>83°47'40.56"</u> <u>W</u>
<input type="checkbox"/> Longitude: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name and distance to <u>50 feet to unnamed tributary of Davis Creek</u>		
rest receiving water(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If any other State or Federal Water/Wastewater Permits have been obtained for this e, lis		
ose permit nu mbers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Animal Type: <input type="checkbox"/> Poultr		
wine	<u>Dairy</u> Beef Other <u>660</u>	<input type="checkbox"/> Number of Anim als: <u>4</u> <input type="checkbox"/> Number of Barns
<input type="checkbox"/> Name of Integrator: <input type="checkbox"/> <input type="checkbox"/> Typ e of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input checked="" type="checkbox"/> Liquid Liquid, Closed System (i.e. c <u>Holding Pond</u>		
ed tank, under barn pit, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attach the NMP NMP Attached <input type="checkbox"/> Attach the c	losure plan Closure Plan Attached

topographic map ☐ Map Atta

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Permittee Identification <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>Ann Shipley</u>		fficial Contact (ap plicant		t) :
Title or Positi on: <u>Owner</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mailin g Addr	ess:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zip <u>2160</u> <u>Sharp R</u>	: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>Speedwell TN</u>	<u>37870</u>		
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City: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sta te:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zip:			

☐ Phone number(s): ☐ ☐ ☐ ☐ ☐ ☐ E-mail: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Application Certification and Signature (must be signed in accordanc

th the requirements of) ☐ ☐ ☐ ☐ I certify under penalty of law that this document and all attachments we
re prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel
properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who
manage the system, or those persons directly responsible for gathering the information, the information submitted is,
to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties fo
r submitting false information, including the possibility of

and imprisonment for knowing

Violati Ann Shipley Ann Shipleyons. ☐ ☐ ☐ ☐ ☐ ☐ N10/30/11ame a
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print or type

<input type="checkbox"/>	Signatu	reD	ate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State	Use Only <input type="checkbox"/> <input type="checkbox"/>
	nature Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stat	e Use Only <input type="checkbox"/> <input type="checkbox"/>	ignature	

☐ ☐ ☐ ☐ State Use Only ☐ ☐ ☐ ☐ Reviewer ☐ EFO ☐ T & E Aquatic Fauna ☐ Tracking No. ☐ ☐ ☐uatic Fauna ☐ Tracking No. ☐ ☐ ☐ ☐ Impaired Receiving Stream ☐ High Quality Water ☐ NOC Date ☐ ☐ ☐ Backgro

und. All operations defined as CAFOs (concentrated animal feeding operation) must seek coverage under a permit. Operations that meet the Clas
s II size criteria (TDEC Rule 1200-4-5-.14) and that discharge or that propose to discharge (...if designed, constructed, operated or maintained such that
a discharge will occur) need coverage under the General State Operating Permit (SOP) for Concentrated Animal Feeding Operations Permit Number SOPCD0